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EQUILIBRIUM OF POPULATION AND SUSTENANCE.*

[THE following review of Dr. Loudon's book is from the London Medico-Chirurgical Review, and is written by a physician not connected with the editorial management of that Journal. It is transferred to our pages more on account of its physiological bearing and the novelty of its estimates, than from any practical benefit which is anticipated, in this country, from the adoption of the author's plan.]

When practically applied, Dr. Loudon's demonstration and his principle will operate powerfully in exposing some of the delusions of the MALTHUSIAN SYSTEM: and, at the same time, they will exert a pure philanthropic influence in counteracting its inherent follies and falsities. According to the Doctor, there is no error in political economy so much calculated to retard the progress of civilization and welfare of the poor, as the idea that population is likely, by small allotments of land, to increase so much, that not only will the surface of the globe be covered with starving crowds of inhabitants, but that the greatest misery will prevail among mankind. Many visionaries have fancied that, when the earth is overspread with people, which they consider inevitable, men will be compelled to devour one another. Under this notion, and the dread of being unable to provide for offspring, certain doctrines have lately been promulgated, alike disgraceful to those who suggested them, and injurious to the interests of morality. Dr. M. therefore proposes a check, both moral and healthful, which, if necessary, might be applied to population; and, as this check is considered to be based on physiology, and founded on the laws of nature, we will bring it fully under the observation of medical readers, who of all others are the best qualified to appreciate such questions.

Dr. Loudon opens his essay by stating, that the increase of population, in these islands, is about ten per cent. every census of ten years; or, in other words, one per cent. annually: and that the periods of gestation and lactation, together, extend nearly to nineteen months. The term of gestation has been fixed by nature at nine months—that of lactation is generally arranged by the habits of particular nations; on an average, ten months is the usual time in this and most European countries. Mothers generally do not become impregnated during lactation; but, after making allowance for exceptions, if the period of lacta-

*The equilibrium of Population and Sustenance demonstrated; showing on Physiological and Statistical Grounds, the Means of obviating the Fears of the late Mr. Malthus and his Followers. By CHARLES LOUDON, M.D. Octavo, London, 1836.

tion be prolonged only a very few months, increasing with the increase of population, and *vice versa*, the problem of the equilibrium of population and sustenance is solved—and on grounds which involve no disadvantage, either to mothers or their offspring. On the Continent, the average number of children to a marriage is nearly 4.5; in England it is the same. If, then, by prolonging the time of suckling, this average were reduced to four, it is evident that population would remain stationary, because one half of our numbers dies between birth and the twenty-fourth year. With us the average age of marrying is very near to that period (24 years); in France it is twenty-six years—that of men being twenty-nine, and that of women being twenty-four. Now, if we adopt these numbers for both sexes in England, and thus admit the time of marriage, for females to be twenty-four, and that of child-bearing to terminate at forty-four, the average interval between each child will be fifty-four months, or four years and a half. The next inquiry is—what increase of time beyond the ten months of lactation, would be necessary to keep population in check, as it advances at present in England? The reply is—admit, in every instance, the nine months of gestation, the ten months of lactation, and one tenth of the remaining thirty-five months as an equivalent for the present increase of population, and the period to which suckling should be extended will be *thirteen months and a half*. To this, however, must be added six weeks, for the chances of impregnation taking place during the three months and the six weeks, on the supposition that this occurs once in three instances of lactation. Hence the Doctor concludes, the precise time will be fifteen months, or *one third longer than the present number*. This extension of lactation, he adds, must necessarily increase the 4.5 years between each child approximating to 5, and, consequently, reduce the 4.5 children in a family to four; wherefore, since one half of our numbers die under the age for marriage by females, the result will be—that there will remain only a representative for father and a representative for mother, on an average, in every family throughout the country.

With Dr. Loudon, we should like to know a physiological or other reason why our British mothers do not usually suckle their children longer than ten months. Certain it is, as the Doctor affirms, that the milk does not diminish particularly at that time, so far as regards the quantity; and from the health of children reared without spoon-meat beyond this time, as certainly it undergoes no change in its quality. Children are sometimes seen so old, before weaning, as to be able to ask for the breast; and it has not been remarked that the health of mothers, thus suckling, was in any way worse than that of their neighbors. Altogether, then, it may be asserted, that a mother is likely to enjoy better health, and to be less liable to sickness and death during lactation, than during pregnancy. Many women believe, or affect to believe, that the weakness they labor under arises from some latent moral or physical cause; but this weakness is not attributed to lactation in the earlier months of suckling, because the mother then considers herself fulfilling a necessary duty, which her constitution, for so long, is well able to bear. So soon, however, as the period of lactation has passed over, as it is estab-

lished by custom or fashion, she imagines she is exceeding the intentions of nature, and she forthwith concludes that the continuance of suckling is the cause of her uncomfortable sensations. This whim being entertained, the child is weaned, and too often becomes the victim of a most reprehensible delusion.

Since nature has furnished the mother with milk for a longer period than custom demands, it is evident that some good purpose for the mother and child was intended in this arrangement. Had it been otherwise, the Doctor infers, the secretion of milk would stop at a definite time, in like manner as the period of gestation is definite. That a child, in comparison with the young of the lower animals, is so long unable to provide for itself, strongly tends to corroborate the proofs already advanced—that nature originally had in view a more protracted period for lactation, than is now allowed. Some writers, following the laws of nature, as they interpreted them, fixed the period of weaning at fifteen months, when the infant has got its eight incisors and four canine teeth. There are well-authenticated instances of mothers having suckled their children for three, four, five, and even seven consecutive years; we ourselves have known cases of lactation being prolonged for three and for four years, with the happiest results.

Dr. Loudon continues the illustration of his doctrine by observing—that the period of lactation has a great influence over the numbers of mankind in various countries, as is evinced by numerous facts. He adduces proofs of this position. Thus, he says, in China, where the population is excessive, and the inhuman practice of infanticide is condemned, they wean a child as soon as it can put its hand to its mouth. On the other hand, the Indians of North America do not wean their children until they are old and strong enough to run about: generally they are suckled for a period of more than two years. Hence proceeds the thinness of these tribes in a fertile country, when compared with other barbarous and even civilized nations. Among the Charribean races, the population is remarkable for the paucity of numbers in connection with a similar extent of lactation; and what is of more importance still, such a number as seven or eight to a family is scarcely known. That a like cause exists for the decrease of the negro population in the West Indies, among both the Maroons and the *imported Africans*, is held by the Doctor to be highly probable. He considers this decrease as being more satisfactorily accounted for by protracted lactation, than by the cruelty so unjustifiably imputed to the planters by Mr. Howell Buxton, with the herd of his insensate and garrulous abettors.

While Dr. Loudon thus points out a moral and healthful check to the overgrowth of population, with the object of allaying the dread of prospective misery, he does not intend to inculcate the practical adoption of his principle, under the actual circumstances of his country. We, however, would advise a gradual and discriminate adoption of this important principle, among those families who are obliged to use the medical or pecuniary assistance of clubs and parishes; and by encouraging such a course, the doctors would contribute greatly to the well-being

of many industrious but improvident operatives, and also assist essentially in promoting the best interests of society.

Those persons who have considered the relations of population to sustenance in America, Dr. Loudon further observes, most clearly see that the resources of mankind for the production of food, in the western world alone, are such as to meet every possible increase of population, for an indefinite number of ages to come. We cannot conceive to what extent the population, even of this country, may reach, without incurring the apprehension of a scarcity of food, as it is impossible to foresee the extent of the improvements which the progress of the arts and sciences will effect in agriculture.

With regard to those products which are strictly vegetable, the beet-root, modern cabbages, potatoes, and Swedish turnips, are instances of immense crops arising from a small surface of ground. The improvements by drainage, spade-husbandry, and manures of various kinds, have greatly increased the quantity of grain, while the method of open and close stall-feeding will contribute exceedingly to the store of animal food. Besides, the extensive means of conveying fresh fish inland from the coast, and indeed everything necessary for man, as well as agriculture, by the rail-roads now constructing, will speedily make important changes even in those districts where improvements were considered as next to impossible. Thus in a few concise notes, Dr. L. has suggested a diversity of subjects which, in all their bearings, ought to occupy a prominent place among the themes of medical investigation. Throughout his Essay, the Doctor maintains the bright character of an enlightened philanthropist, distinguished alike for his intelligence and sagacity.

Dr. Loudon has ascertained that there are seventy-six millions and a half of acres of land in the United Kingdom, and thirty millions of these are waste; and that one half of these thirty millions is capable of improvement. He finds, that each arable acre, yielding an average crop of potatoes, will produce thirty tons, or sixty-seven thousand two hundred pounds, of potatoes, annually; which, being divided by the three hundred and sixty-five days of a year, will give one pound for each of four meals, or four pounds a-day, during the whole year, for forty-two persons. Hence, it is manifest that two millions and a half of acres of potatoes will permanently produce vegetable food for upwards of one hundred millions of people, or four times our present population; allowing the remaining seventy-four millions of acres to produce animal food, grain, and other commodities of sustenance, exclusive of what may be imported from our colonies and foreign countries. The doctor abstains, as irrelative to his inquiry, from pointing out the alternations and changes of the various crops, or how far it might be practicable to bring into cultivation even a large portion of the fifteen millions of acres represented as incapable of improvement. He refers to the authors who have written on the subject of sterile fields, and to the historical records connected with the immense populations of Egypt, Palestine, Greece, and Italy, in ancient times, as being calculated to furnish some idea of what can be done with lands of the most unpromising nature. He limits and directs our attention chiefly to two facts having intimate relations with

medicine; one of these is physiological, the other dietetic; and both of them exercise an incalculable influence on the happiness and welfare of every order of the state. The physiological principle of lactation, as affecting the increase or decrease of population, has never yet been demonstrated satisfactorily by any previous writer on population or physiology. Dr. Loudon is the first to open the culture of this extensive field, and we would entreat of him to prosecute his investigations. The dietetic principle has hitherto been but little attended to, on national grounds; and the Doctor ascribes such neglect to a lurking apprehension, on the part of legislators, that there are no rational means appointed by nature for suspending the advance of population, or of promoting its increase in geometrical proportions. We invite our readers, in their professional intercourse with all grades of society, to disseminate the knowledge of these two fundamental principles, and their momentous influences on the power, the peace, and the prosperity of nations.

CASE OF PERITONITIS IN THE MASSACHUSETTS STATE PRISON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following case occurred in the Massachusetts State Prison. It commenced with symptoms of inflammation of the peritoneum in the upper part of the abdomen. Afterwards disease was discovered in the chest, affecting the heart and left lung. It may not be of much value in itself, but may, perhaps, be of some use if it come before those who have had similar cases.

May 21, 1836. Luther, aged 30, tall, slim, not strong constitution. Eight days since, fainted in cell; had vertigo, weakness and pain in upper part of abdomen. Last three symptoms continued till 20th; unable to do much work. 20th, becoming worse, reported at hospital, and was ordered a saline cathartic. In afternoon of same day pain much increased; unable to stand upright or move without great distress. 21st. Pulse quick, soft, easily compressed. Vs. ad ʒxiv. R. Ipecac et calomel āā gr. ss. M. Powder to be taken every two hours till full operation. Repeated seven times, after which three dejections. 23d. Pulse 120, harder. Tongue—white thick coat, rather dry. Complains of weakness and great pain on motion, less while at rest. Sometimes pains dart from side to side in region of diaphragm. Much tenderness on pressure over left hypochondrium; less over right hypochondrium; none in lower part of abdomen. Breathing short, and performed with but little action of ribs. Blister applied to upper part of abdomen. R. cal. gr. ss. Opii gr. 1-4. M. To be taken once in six hours.

24th. Examined by auscultation and percussion; nothing unnatural discovered. Pulse, 124, vacillating, not hard; regular, not intermittent. From this date till 28th, pulse 114—126. Appeared more comfortable, able to sit upright without difficulty. Motion of ribs somewhat greater; breathing easier, but generally short. Appetite small, thirst great.

28th. No sound of respiration in left breast or back; flatness on per-

cussion over same parts. In right breast and back respiration puerile. Examined both while sitting up and in the horizontal position. Pulse 108, small. Tongue cleaner than heretofore. Pain in left breast. Blister to this part.

31st. On applying ear to left breast in cardiac region, a sound as of water shaken in a large half empty jug, or of water dropping into a cistern, was observed. Sound corresponds with the pulsations of the heart, each being 116 to the minute; number of respirations at the same time, 36. This sound continued with but few exceptions till June 8th. During this time it was occasionally heard at the distance of six or eight feet from the patient. June 2d, slightly modified; seemed to intermit or become nearly inaudible one or two pulsations of the heart, then heard as before; this repeated three or four times in a minute. Coughs some, expectoration slight, principally mucus. Respiration continued quick, rattling, or wheezing and frequent; sometimes equally easy in the recumbent or sitting posture, at others requiring the latter. Left breast flat on percussion; respiration not heard. In right breast respiration puerile. Frequently awakes with pain in breast, and a convulsive start on dropping asleep.

4th. A half pint of fluid thrown from the mouth, of a fetid smell, containing masses of floating mucus. This repeated on the following day to nearly the same amount; afterwards in quantities of half an ounce or an ounce. Pulse 110, quick, small at wrist. Pulsations of heart and large arteries much more forcible than the small; but never irregular or intermittent. Urine scanty; by report, half a pint in twenty-four hours. Has taken acidulated drinks, gruel diet. Calomel and opium continued; produced slight soreness of mouth. Bowels moved by castor oil.

10th. Became weaker; flatness in breast and want of respiratory sound as before. Sleeps little. Respiration labored; 40 per minute. Pulsations of heart 124; pulse not perceptible at wrist. Extremities cold. Features sharp. Intellect perfectly clear till 5 o'clock, P. M. when he died.

Examination of body fifteen hours after death.—Limbs very rigid. Considerable prominence of left breast, particularly about nipple. *Thorax.* Left pleura slightly punctured in dissecting up pectoral muscle. Fluid and air escaped through this puncture, with extremely fetid smell. Adhesions between pleura lining cartilages of 5th and 6th ribs, and that of the lung. Several other adhesions also existed. *Right lung* healthy. Some adhesions between the lobes, but not many or strong. Crepitating; floats in water. *Left lung.* Cavity of pleura of this side contained nearly two quarts of a whitish turbid fluid, in which were flocculi of coagulating lymph, and parts which had evidently formed adhesions. False membrane covering the lung throughout; on upper lobe three quarters of a line thick, quite firm, giving strips from half an inch to an inch in length. Pleura pulmonalis beneath this membrane of a bluish color, mottled with red. False membrane of a peculiar corrugated appearance, not unlike the parboiled hand; of a greenish color; more firmly adherent on lower lobe than upper. Lung not half the natural

size. Not crepitating—fleshy, its substance darker than muscular fibre, heavy, sinks in water. Pleura costalis lined with the same kind of membrane, and similarly corrugated. *Heart* and *Pericardium.* On puncturing pericardium, about a pint of milky-colored fluid escaped. Pericardium enlarged. Heart covered by a layer of false membrane throughout. This membrane was of a yellowish or dirty white color, and of a cellular appearance, not unlike tripe, or the cells of a honeycomb. Heart soft and pale as to its muscular fibres. Pericardium also covered by a layer of false membrane, with the exception of a surface of two square inches, where it was reddened. This layer was not cellular, like that on the heart, but rough, with many loose shreds attached. In some parts bands extended from pericardium to the heart. On removing this membrane it was plain the pericardium was roughened. Color of membrane same as that on the heart. *Aorta* natural. *Abdomen.* Some cellular bands and marks of inflammation on peritoneum in upper parts. Peritoneum covering liver, especially its upper surface, was inflamed and appeared thickened.

The other organs were examined, but nothing unnatural was observed.

Charlestown, July 15, 1836. M. W.

A NEW CATHARTIC.

[Communicated for the Boston Medical and Surgical Journal.]

We have among us a new medicine—new, I presume, to you, though it has been used for some time by some western physicians, and is said to be an old Indian remedy. It is the bark of a small tree that grows on our richest land, commonly called *wahoo*, or Indian-arrow wood. Its botanical character I have not been able to learn (being absent during its flowering season last spring, on a visit to Vermont). It is prescribed in a loose manner. Whenever it is wanting, we send to the woods for it, and direct a decoction or tincture to be made and used as the occasion requires. Its principal virtue is as a hydragogue cathartic. Its operation is very slow, certain, and much gentler than any medicine I know of, of its class. I have many times reduced dropsical swellings with it; and in those simple dropsies which follow protracted intermittents, I never knew it to fail. In a case of ascites, in a young lady, of four months standing, the sequel of hepatitis complicated with intermittent fever, it succeeded in a remarkable manner. The treatment of the case began with mercury, which soon removed the hepatic obstructions. To evacuate the water, nearly all the common hydragogues were tried in vain. Squills, gamboge, colocynth, digitalis, cream tartar, tincture of iron, all had a fair trial; and when six weeks had been spent, and the fortitude of the patient nearly exhausted, I directed the wahoo to be given in decoction till it should purge freely, continuing the muriated tincture of iron. Copious discharges of fluid by stool and urine soon followed, terminating in health.

The wahoo is also used by the common people as a laxative; and I have often directed it for that purpose in costive habits. It neither de-

bilitates the stomach like salts, nor irritates the rectum like aloes. I am clearly of opinion that this medicine deserves a high place among our cathartics. If you desire it, I will send you a quantity of this bark. I intend to make some experiments upon its extract.

Did you ever notice the account of an extraordinary case of a girl from whose face and under the eye, blood, flesh, and bones would occasionally issue, which I communicated to Dr. Chapman? If not, let me refer you to the 20th No. (No. 2, new series) of the Philadelphia Journal of the Medical and Physical Sciences, 1825. I have nothing to add to nor take from the account there given. The subject of the phenomena still lives in this vicinity, is married, and the mother of a family. The facts of the case are susceptible of the clearest proof, and should, I think, be preserved, as they may some day throw light on the physiology of the female system. CH. FULLERTON.

Owensville, Indiana, July 3, 1836.

POWER OF COMBUSTIBLE SUBSTANCES FOR PRODUCING HEAT.

TRANSLATED FROM THE JOURNAL DE CHIMIE MEDICALES, DE PHARMACIE ET DE TOXICOLOGIE, BY J. CHICKERING, M.D. BOSTON.

AS COMBUSTIBLES are daily becoming more expensive, on account of their great consumption in the arts, it is important to ascertain their composition and properties, in order to use them in the most economical manner in producing heat.

The method employed for determining the calorific power of combustibles, rests on this hypothesis, which all the facts tend to prove, viz. that the quantity of heat evolved during combustion, is proportional to the quantity of oxygen absorbed, and it is reduced to estimating this quantity of oxygen by the weight of the lead which different combustibles give when we burn them by means of litharge.

This is the process: we take one *gramme** of a combustible substance reduced as fine as possible; if it be coke, reduced to an impalpable powder; if wood, to fine saw-dust, or rather rasped to small grains. This powder is mixed with from 20 to 40 grammes of litharge, a quantity a little larger than that which will be reduced; we know nearly this quantity, from the nature and appearance of the combustible. We first put this mixture into an earthern crucible, and then add 20 or 30 grammes of pure litharge: this crucible should be half full at most; we place it in the calcinating stove already heated, and filled with ignited charcoal; we put on the lid, and heat gradually. It softens, and boils, and sometimes it boils over. When the fusion is complete, we cover the crucible with charcoal, and give it a current of flame, which is continued long enough to cause the excess of litharge to form glass by melting the silex of the crucible, but being careful not to allow the crucible to be perforated. When the crucible is cold, we break it, and the button of lead is separated at the first blow; this no longer adheres to the dross, which is

* A French gramme is equal to 15.4397 English grains.

silicated, while the pure litharge will not only adhere to it, but penetrate it in some degree, and sensibly increase its weight. The carbon will produce, with the litharge free from *red lead*, 34 times its weight of lead. We can, from these data, find for any combustible, its equivalent either of carbon or of hydrogen, in respect to the calorific effect.

When a combustible contains volatile matter, we immediately learn the proportion by analysis; besides, if we seek the proportion of lead which it gives with litharge, it is easy to calculate the equivalent in the carbon of volatile matter, and consequently to find the calorific value of the substances which are disengaged from a combustible, by submitting it to carbonization. These values, arrived at in so simple a manner, are interesting, and are adapted to make known the relative value of different combustibles, and the best use to be made of them.

In order to express the calorific power of combustibles, we have generally adopted an unit, called the *caloric unit*, which denotes the quantity of heat necessary to warm one degree an amount of water equal to that of the body. When we know the proportion of lead which a combustible gives with litharge, it is easy to calculate its calorific power in *caloric units*, since we determine, by direct experiment, the amount of water which the charcoal will warm one degree. This amount is, according to M. Despret, 7815 times that of the charcoal; but, as this body gives, with litharge, 34 times its weight of lead, it follows that each part of the lead, produced by a combustible, is equivalent to 230 *caloric units*.

FURTHER NOTICE OF COPLAND'S MEDICAL DICTIONARY.

To the Editor of the Boston Medical and Surgical Journal.

SIR—I notice your remarks respecting "Copland's Medical Dictionary" in the Journal of this day, and must confess I am not surprised that the subscribers to that work should complain. The proprietor of the work, Gen. Duff Green, allows that he has been remiss in getting out the *third* part, but pleads necessity, to complete such arrangements as will prevent any delay on the arrival of the future parts in this country.

A letter received by me, under date of the 12th inst., from Gen. Green, says, "I am much gratified in being able to inform you that my arrangements are now completed to enable me to carry out my scheme of publication;" also that he will send me the *means* forthwith to pay the founder and print the third part of said Dictionary. I beg of you to assure the public, and particularly the subscribers to the above valuable work, that I have never forgotten them, and moreover that I shall continue to feel a lively interest in the subject till the five parts originally promised are supplied to each subscriber. Perhaps, in justice to the original publishers, it should be stated that *their* promise was made on that of the *English* publishers, who unfortunately were not aware of the magnitude of the work, or were misled by some other cause, so as to prevent what, I presume, there can be no doubt they intended, viz. to complete the work within the time specified. The English publishers

(Longman & Co.) are among the most responsible booksellers in Europe, and cannot delay, for their own reputation, after the manuscript is received from Dr. Copland, to bring it out. Yours, &c.

Boston, July 20, 1836. SAML. COLMAN.

GASTRO-ENTERITIS FROM MEASLES.

MAY 17th, 1835. Visited a child of Mr. L——, aged 18 months. Had had measles. The eruption had suddenly disappeared from the skin upon the second day after it came out, without any immediate alarming symptons. Three days had elapsed, when I called to see him. *Symptoms:* full, quick pulse, 140 a minute; skin hot and dry, tongue furred, white in centre with red edges; throat and mouth aphthous; respiration hurried, short and difficult; violent cough at times; colic pains with flatus; some tenderness on pressure; knees drawn up, head drawn back and tossing, with moaning and restlessness. *Treatment:* took 2 oz. blood, by a cup, from the epigastrium, which softened the pulse; sinapism to the bowels; cooling lotions to the head; and a dose of castor oil, with twenty drops of paregoric. Fever abated. Rested better through the night. Gave him next day 4 grs. blue pill dissolved in syrup of rhubarb, and followed with

R. sulp. magnesia, ʒii.
tart. antimony, grs. ii.
aqua fon. 10 tablespoonfulls,
gum arabic pulv. ʒ ii.

To be taken one tablespoonful every two hours. This was followed in five hours by bilious dejections, and a diminution of arterial excitement. On the following day the same treatment was continued, with the addition of a cup between the shoulders, and a blister over the bowels, followed by an emollient poultice. With the cessation of the excitement occasioned by the blister, there was an immediate amendment. The skin became cool and the pulse feeble. In the afternoon, however, he became exceedingly restless, irritable, and wild, tossing the head and arms in a manner which readily indicated high irritation of the rectum. Injections of oil and turpentine were given, and followed by an immediate relief. He was then put upon the use of the following syrup.

R. decoction marubbii, Oss.
zing. alba. pulv. ʒ i.
sweetened with honey.

Dose, one teaspoonful every two hours during the forenoons, only. He is now nearly well, has some cough, but is improving.

In this case, it appears evidently that the too sudden recession of the eruption from the skin was an indication of the disease having been reflected upon some internal tissue, as no desquamation of the cuticle had occurred; a circumstance which often occurs in measles, and which alone renders this a formidable disease. The question presents itself (and a very important one it is, as all must allow), what parts of the mucous membrane are involved, and what are the means best calculated

to relieve it? Are the mucous follicles themselves primarily involved? Or the exhalants, or the sub-mucous tissue, or the lacteals and absorbents? Or may each, in turn, become the principal seat of disease? Without attempting to solve these difficult questions, I would merely observe that the mucous membranes of the rectum, of the mouth, fauces, eyes, nose, etc. afford a fair opportunity for inspection, and much may be drawn from observations made upon the skin itself, from its strong analogy to the mucous membranes, in its structure, endowments, and functions. In the same case, I was led to believe the whole gastro-pulmonary mucous membrane to be undergoing an eruptive process, similar to what had been exhibited upon the skin, and that the blister was the principal means of relief, by inviting the diseased action back again, in part, to the skin; but this could never have been done, I am convinced, without previously controlling arterial and nervous excitement, by acting upon the liver and exhalants, and by venesection and anodynes. With these preparatoty means, I am convinced that a blister will never disappoint the expectations of the physician, neither in this or any other form of mucous inflammation, unless applied at a very late stage of the disease.—*Ohio Medical Repository.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JULY 27, 1836.

A TREATISE ON CONSUMPTION.*

Some men have a happy faculty of teaching others. This is a rare quality. To be able to adapt one's ideas to the exact comprehension of those who have been devoted to different pursuits, and at the same time maintain the dignity of learning, without departing from the strict rules of professional character, is an enviable attainment.

There are not, it is presumed, many men in New England who could have produced a volume like the one to which these observations refer. Not because there is a scarcity of good writers. Very many, eminently distinguished for their kowledge of a science which gives them high claims to distinction, would have made a miserable exhibition of their talents, were they constrained to omit technicalities, which, with them, are almost indispensable representatives of their best thoughts. Thinking learnedly, and expressing sentiments or giving advice in a simple manner, so that others, without an elementary preparation, may clearly understand, is by no means a common circumstance. The Treatise on Consumption, by Dr. Sweetser, combines certain advantages unknown in the pages of medical works in general. Whilst it is calculated to instruct physicians, every person of ordinary capacity may reap the full benefit of the author's labors. There is no ostentatious display of ob-

* A Treatise on Consumption, embracing an inquiry into the influence exerted upon it by Journeys, Voyages and Changes of Climate, with directions for the Consumptive visiting the South of Europe, and Remarks upon Climate; adapted for general readers. By William Sweetser, M.D. &c. Boston, T. H. Carter, 1836. 254 p. 8vo.

scure terms, to impress the multitude, for whom he seems to have written, with the profundity of his researches: it is remarkably free from distortions of language, and abounds in good sense and sound medical philosophy.

The older we grow, the more are we impressed with the importance of disseminating, far and wide, an elementary knowledge, at least, of anatomy and physiology; and to these, we are advocates for superadding the great principles of pathology. People will never become too wise: the more correct their information, the better for the profession. Ignorant patients, like ignorant fanatics, are invariably troublesome, pugnacious, self-willed, and daring experimenters upon themselves. Let people know truly their organization, and explain to them the effects of disease and the rationale of medicinal agents. This is a rational mode of securing the greatest amount of health to the whole community.

Dr. Sweetser is indeed fortunate in the conception and execution of an excellent essay, which is destined to be extensively circulated, and read to advantage by consumptives themselves. Although we are disposed to bestow a generous praise, there are apparent faults, which may hereafter be pointed out, should a more exact analysis be undertaken. Yet, to have omitted this early opportunity of recommending Dr. Sweetser's treatise to the favorable notice of his brethren, would have been unpardonable. Our strictures, if they are ever published, will relate principally to the encouragement given consumptives to undertake long, expensive voyages in pursuit of what the world can never give them—renovated health.*

Medical Journals in Spain.—In the first part of the year 1835 there were but four medical journals in all Spain—and before the expiration of the year, there were but two. Those still live, but are feebly sustained. One is called the *Boletin*, the organ of the pure physicians; and the other, the *Biblioteca*, which has a very few subscribers. The term *pure physician*, in that country, means all those who belong to the universities. In 1823, Ferdinand expelled them from the court, hospitals and mineral water establishments. Since his death, the revolution has begun to pave the way for their restoration to favor, and to the rights and privileges to which their acquirements entitle them in all countries.

Hospitals in Calcutta.—It has been proposed to establish a Fever Hospital in Calcutta, which shall be the medium of granting relief to a class of patients who have heretofore been neglected. The Native Hospital of Calcutta is intended principally for a surgical institution, in which there are seldom less than 80, and in the rains there are from 130 to 180 patients. There has also existed for some years a Police Hospital, intended for destitute people found in the streets, who are carried thither by the police peons, for medical attendance. But there is a large number of natives, of the poorer class, who are not benefited by either of these institutions. Many destitute individuals, from various parts of Bengal, go to Calcutta for employment, and are obliged to hire lodgings in some hut or old building, where they are compelled to lie on mats and leaves

* As a detailed case of fatal phthisis brings it to mind, it would be extremely gratifying to know whether the highly gifted friend referred to died an *atheist*, surrounded with the multiplied evidences of a designing hand, which but a limited number of mankind were more capable of appreciating.

spread on the damp ground, often without any clothing. When attacked by fever or cholera, they have no one to attend them, nor the means to procure medical aid, and frequently with nothing but unwholesome water to drink. If the sickness increases, the landlord is desirous of ridding himself of his sick tenant, and often procures a boat or dooly to carry him to his family in the country, which he seldom reaches. At other times the landlord carries the sick man to the bank of the river, and places him under the charge of some hired people till he dies. It is for the relief of this class that the proposed new hospital is intended, which will doubtless prove a blessing to the poor natives, and will reflect signal honor on its humane founders.

Suicides.—Dr. Graves mentions facts connected with suicides, not devoid of interest.

Suicides are not so much the privilege of John Bull, as some persons suppose. There are more in France than in England, indeed it is probable that for one in London there are five in Paris. Irritation is a frequent cause of suicide, and of this our author mentions several instances. Industrious and prudent people very seldom commit suicide. Out of 120,000, who insured their lives in the Equitable Insurance office, the number of suicides in twenty years was only fifteen.

The Irish are the least suicidal nation in Europe. Dublin and Naples are the two cities in which the fewest suicides occur. Yet in both the poorer class are very poor indeed. Dr. Graves observes that an Irishman often murders his neighbor, but never dreams of killing himself. The fact is that the prevalence of murder prevents the necessity for suicide. If both prevailed, the "seven millions" would be reduced. There were forty murders in Ireland for one committed in Prussia, and in Prussia there were forty suicides for one committed in Ireland. There *were*, for the calculation was made ten years ago. Both nations have since materially changed. Fewer Prussians, in proportion, are now killed by themselves, and many more Irishmen are now killed by others. —*London Medico-Chirurgical Review.*

Ovarian Dropsy accidentally cured.—A female, aged 44, the mother of one child, was received into Guy's Hospital on the 19th March, 1834. She had had ovarian dropsy for several years; but, nine days previous to entering hospital, she fell, and a pair of steps, on which she had been standing, fell across her abdomen. She immediately suffered excruciating pain—became sick and faint—and soon perceived that the fluid accumulation which had been circumscribed, was now diffused over the abdomen, rising to the diaphragm and obstructing respiration. She had then, no doubt, an attack of peritoneal inflammation, for which she was treated—but afterwards entered the hospital. Her abdomen was now distended with fluid, and very painful—pulse 98—urine copious—and she had passed blood by stool—she was bled, fomented, and took calomel and opium, under which treatment she improved. Her mouth became sore on the 22d, after which the fluid rapidly decreased. On the 5th of April no fluctuation was perceptible. Still the remains of the cyst could be felt stretching across from one iliac fossa to the other. She had afterwards an attack of phlegmasia dolens, which was soon cured. She is now living as a servant in Cheapside, and can yet distinguish a small tumor in the left iliac region. She had no return of the dropsical enlargement.—*Ibid.*

Important Medical Law.—The Legislature of New York, during its late session, just closed, passed a law, by which every physician coming from another State or County is required to present himself, for examination, to the Censors of the State Medical Society, before he can be permitted to practise in this State.—*U. S. Med. and Surg. Journal.*

The Prophylactic and Palliative Treatment of Rheumatism.—The following means are recommended in a French Journal.

1st. To avoid the sudden application of cold to the skin. Cold winds, or a humid, cold atmosphere, are peculiarly injurious.

2d. The use of domestic baths, and of thermal waters.

3d. The permanent use of certain kinds of clothing. The immediate application of flannel to the skin, is considered the most important. The advantages of flannel are principally these : it maintains the heat of the body ; it excites the skin by mild and prolonged frictions, and it promptly absorbs the perspiration.

4th. The employment of external stimulants.

5th. General and partial frictions.

6th. Arenation.—*Ibid.*

Medical Miscellany.—Nearly one half the persons admitted into the Pennsylvania hospital, in 1835, were foreigners. The whole number was 1005—and 461 were natives of other countries.—Several New York papers begin to urge the necessity of having physicians attached to the Liverpool and all other packet ships. We have labored at the oar on this subject for years: it must be done. Too many lives are sacrificed for nothing. Medical aid is absolutely indispensable in every vessel having passengers.—A gentleman of Louisville died suddenly, a short time since, in consequence of being stung by a honey bee, on the temple. The sting probably wounded the supra-orbital branch of the fifth pair of nerves: this is inferred from the fact that when a bee has inflicted a wound near any of the branching divisions of this nerve, the result has been alarming.—One Daniel C. Newton, of Marlboro' district, S. C. a regularly constructed dunce, gives public notice that the confluent smallpox is curable by the administration of No. 6—a Thompsonian compound !—The Lunatic Asylum at Hingham is located in the beautiful rural retreat, called the Hapsgood House, and will soon be ready for the reception of patients. Letters may be addressed to Dr. Wm. Gordon, the physician, whom we can cordially recommend to the friends of the insane.—The editor of the Medical Repository thanks us for what he never had—*praise.* —A case of yellow fever has not been reported, the present season, to our knowledge, in the United States.—Mr. Buckingham's bill for establishing public walks, baths and play-grounds in the vicinity of cities, so much applauded at the time it was brought into parliament, a little more than a year ago, seems to have had a genteel go-by. Never was a proposition for the promotion of public health superior to it.—A fine, complimentary dinner has been given to Dr. Balmanno, at Glasgow, on his retirement from the office of senior physician to the Royal Glasgow Infirmary.—Eleven hundred and forty-seven degrees have been conferred at the University of Edinburgh, since 1826. Only thirty-five medical degrees were granted in the same time, and twenty-four of these were M.B.'s instead of M.D.'s.—M. John, a chemist, who enjoys the distin-

guished honor of being the first person who has succeeded in separating the white from the grey cerebral matter, has detected more fat in the first than in the latter substance.—Some one ought to publish M. Chevallier's essay on the diseases of printers. He says many compositors mount spectacles at forty-five. They are, moreover, apt to contract a habit of making grimaces and other odd movements, while at work, but these are not neuralgic.—George Parkman, M.D. of this city, has sailed for Europe, to be absent one year.—There were but seven deaths out of one hundred and forty-eight patients at the Chelsea U. S. Marine Hospital, the last quarter.—Dr. Grant, who sailed from this country not far from one year ago, has settled at Oomiah in Persia.—Dr. Brigham, of Hartford, Ct. in an article in the last No. of the Knickerbocker, recommends a more generous diet than is usually employed for children disposed to rickets and other diseases. Animal food he considers especially needed in such cases.—Dr. G. S. Bedford, for assault and battery on Dr. J. B. Beck, both of New York, by confession, was fined $15 and sheriff's fees.—Dr. O. Bronson and Dr. M. Willet have arrived in this country from London.—Hydrophobia, as we perceive by the papers, has been alarmingly prevalent of late in the city of New York. Measures have in consequence been wisely adopted by the city authorities to lessen the number of dogs in the city. The same measures should be in constant operation in every large city.

DIED.—In Swanzy village, Ms. Dr. John W. Winslow, aged 32, a graduate of the Berkshire Medical Institution.

Whole number of deaths in Boston for the week ending July 23, 16. Males, 9—Females, 7.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1836 will commence the last THURSDAY in August, and continue *thirteen* weeks.

H. H. CHILDS, M.D. Theory and Practice of Medicine and Obstetrics.
E. BARTLETT, M.D. Pathological Anatomy.
DAVID PALMER, M.D. Materia Medica and Pharmacy.
C. DEWEY, M.D. Botany, Chemistry and Natural Philosophy.
W. PARKER, M.D. Surgery and Physiology.
R. WATTS, JR. M.D. General and Special Anatomy.
Hon. HENRY HUBBARD, Legal Medicine.

The Trustees of the Berkshire Medical Institution, in issuing their annual Circular, believe themselves justified in promising to those young men, whose local situation or whose personal predilections may lead them to a connection with the School, a course of public instruction as thorough, efficient and practical as can be enjoyed at any of our various medical establishments. To the branches heretofore taught, which have been the same as in other American Medical Schools, arrangements have been made for the addition of a Course of Lectures on PATHOLOGICAL ANATOMY, to be illustrated by morbid specimens and by an extensive series of colored representations of diseased structures.

By legalizing the study of Anatomy, the Legislature of Massachusetts has furnished its Schools with superior advantages for Practical Anatomy. It has also, by this provision, most effectually guarded the sepulchres of the dead against all violation.

Fellows of the Massachusetts Medical Society, and those who have received the degree of M.D. are admitted gratuitously to the Lectures. The degree of M.D. is conferred at the annual Commencement of the Institution and at the Commencement of Williams College. The requisitions for the degree of Doctor in Medicine are three full years study under a regular practitioner, attendance on two full Courses of medical lectures in regularly established medical institutions, an adequate knowledge of the Latin language, and a good moral character.

Fee for the whole course of Lectures is $50; those who have already attended two full courses at an incorporated medical school, pay $10. Graduation, $16. Board, including room rent, washing and lodging, $2 per week; without washing, $1 83 cents.

In one week after the close of the Public Lectures, commences the winter Reading Term, which continues 12 weeks, and is devoted to Practical Anatomy, the Principles and Practice of Surgery, and Obstetrics.

By order of the Trustees,
Pittsfield, June 29, 1836. P. L. HALL, *Secretary.*

NOTE.—The following authors are recommended to be read by the students during the Lecture Term.
On Anatomy, C. Bell, Horner, Cloquet, and Wistar.
Surgery, S. Cooper, W. Gibson, and Sir A. Cooper's Works.
Practice and Theory, Gregory, Good, Eberle, Dewees, and Mackintosh.
Obstetrics, J. Burns, Dewees, and London Practice.
Materia Medica and Medical Jurisprudence, Beck, Chapman, and Eberle.
Chemistry, Brande, Turner and Beck.
Pathological Anatomy, Andral, Louis, Horner, Gross on the Bones. July 27—tS.

MEDICAL INSTRUCTION.

THE subscribers are associated for the purpose of giving a complete course of medical instruction and will receive pupils on the following terms:

The pupils will be admitted to the practice of the Massachusetts General Hospital, and will receive clinical lectures on the cases they witness there. Instruction, by lectures or examinations, will be given in the intervals of the public lectures, every week day.

On Midwifery, and the Diseases of Women and Children, and on Chemistry	by	DR. CHANNING.
On Physiology, Pathology, Therapeutics, and Materia Medica - - - -	"	DR. WARE.
On the Principles and Practice of Surgery - - - - - - - - - - -	"	DR. OTIS.
On Anatomy -	"	DR. LEWIS.

The students are provided with a room in Dr. Lewis's house, where they have access to a large library. Lights and fuel without any charge. The opportunities for acquiring a knowledge of Anatomy are not inferior to any in the country.

The fees are $100—to be paid in advance. No credit given, except on sufficient security of some person in Boston, nor for a longer period than six months.

Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, JR.
WINSLOW LEWIS, JR.

Jan 20—1yep

TO THE MEDICAL PROFESSION.

IMPROVED Surgeons' Trusses for the immediate relief and radical cure of Hernia, invented by HEBER CHASE, M.D. of Philadelphia.

These instruments for the treatment of the several forms of reducible hernia are now offered to the attention of the physicians and surgeons of this city. They have been submitted to the test of experience, by their successful application, in a large number of cases, under the immediate inspection of many distinguished medical gentlemen of Philadelphia. The Committee of the Philadelphia Medical Society, who were appointed to investigate the merits of the various instruments in use for the treatment of hernia, reported in favor of those of Dr. Chase, to which report the profession are referred, as published in the February No. of the American Journal of Medical Science. They are also highly recommended by Profs. Horner, Jackson, Gibson, McLellan and Rush, of Philadelphia—Drs. Harris and Bryant, surgeons of the U. S. navy, who testify not only to the superior claims of the instrument, but to the honorable and strictly professional course of the inventor. These instruments will be applied by E. W. LEACH, M.D. No. 113 Hanover Street.

Boston, May 18, 1836. 3m.

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